THYSICIANS should state	BUREAU OF V	On District No. S. 7 Registered No. 6 4 Ward)
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLUR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE of 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) / O / 9 3 3 YEARS MONTHS DAYS If LESS than 1 day,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY, That I attended deceased from 1934, to 1934,

